MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO 10/ 598838

FILING DATE 9-13-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2			/				52						
3							53						
4			/				54						
5							55						
6		2					56						
7	/	2					57						
8	/		/				58						
9							59						
10							60						
11		7					61						
12		10					62						
13							63						
14							64						
15		/					65						
16							66						
17	/	/					67						
18		/					68						
19							69						
20							70						
21	/	2					71						
22							72						
23							73						
24	/	/					74						
25		2					75						
26	/						76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41			/				91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	6	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	13	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			19				TOTAL CLAIMS						